

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2008-09 AND 2009-10**

NO.	POLICY CHANGE TITLE	NOV. 2008 EST. FOR 2008-09		NOV. 2008 EST. FOR 2009-10		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>ELIGIBILITY</b>						
1	FAMILY PLANNING INITIATIVE	\$510,601,000	\$169,591,600	\$516,404,000	\$178,423,100	\$5,803,000	\$8,831,500
2	BREAST AND CERVICAL CANCER TREATMENT	\$124,365,000	\$57,821,250	\$135,156,000	\$63,713,200	\$10,791,000	\$5,891,950
3	CHDP GATEWAY - PREENROLLMENT	\$18,721,000	\$6,552,350	\$18,721,000	\$6,552,350	\$0	\$0
4	BRIDGE TO HFP	\$14,510,000	\$5,078,500	\$15,588,000	\$5,455,800	\$1,078,000	\$377,300
5	REFUGEES	\$7,011,000	\$7,011,000	\$7,103,000	\$7,103,000	\$92,000	\$92,000
6	PE FOR HFP DISENROLLEES	\$6,392,930	\$3,196,460	\$8,049,000	\$4,024,500	\$1,656,080	\$828,040
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$900,000	\$450,000	-\$600,000	-\$300,000
8	STATE-FUNDED KINGAP	\$800	\$800	\$2,000	\$2,000	\$1,200	\$1,200
9	CRAIG V. BONTA LAWSUIT	\$0	\$0	\$220,000	\$110,000	\$220,000	\$110,000
10	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUST.	\$0	\$0	\$0	\$0	\$0	\$0
11	NEW QUALIFIED ALIENS	\$0	\$112,632,500	\$0	\$121,577,000	\$0	\$8,944,500
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$28,215,000	\$0	-\$28,923,150	\$0	-\$708,150
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
14	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REF	-\$18,645,000	-\$9,322,500	-\$183,804,000	-\$91,902,000	-\$165,159,000	-\$82,579,500
160	ADDITIONAL CASELOAD INCREASE	\$42,104,990	\$21,052,500	\$211,687,140	\$105,843,570	\$169,582,150	\$84,791,070
162	MONTH-TO-MONTH ELIGIBILITY FOR UNDOC IMMIGRAI	-\$9,572,200	-\$4,786,100	-\$142,375,760	-\$71,187,880	-\$132,803,560	-\$66,401,780
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-\$4,342,000	-\$9,408,000	-\$64,584,000	-\$139,933,000	-\$60,242,000	-\$130,525,000
165	1931(B) EXPANSION ROLLBACK	-\$5,189,000	-\$2,594,500	-\$176,440,000	-\$88,220,000	-\$171,251,000	-\$85,625,500
166	AGED & DISABLED EXPANSION REDUCTION	-\$28,552,000	-\$14,276,000	-\$371,574,000	-\$185,787,000	-\$343,022,000	-\$171,511,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	\$0	\$0	-\$204,000	-\$102,000	-\$204,000	-\$102,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$658,906,520</b>	<b>\$315,084,860</b>	<b>-\$25,151,630</b>	<b>-\$112,800,520</b>	<b>-\$684,058,140</b>	<b>-\$427,885,370</b>
	<b>BENEFITS</b>						
16	ADULT DAY HEALTH CARE - CDA	\$397,119,000	\$198,559,500	\$423,494,000	\$211,747,000	\$26,375,000	\$13,187,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$80,144,000	\$0	\$92,165,000	\$0	\$12,021,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$22,732,000	\$0	\$0

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
19	FPACT IMPLANON AND ESSURE	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$0	\$0
20	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$1,666,000	\$457,000	\$17,259,000	\$4,508,000	\$15,593,000	\$4,051,000
21	CONLAN V. BONTA	\$1,322,000	\$682,000	\$1,322,000	\$682,000	\$0	\$0
22	HOME TOCOLYTIC THERAPY	\$1,161,160	\$580,580	\$1,536,920	\$768,460	\$375,760	\$187,880
23	NEWBORN HEARING SCREENS EXPANSION	\$2,534,020	\$1,267,010	\$2,857,000	\$1,428,500	\$322,980	\$161,490
24	NF A/B LEVEL OF CARE GROWTH	\$1,584,000	\$792,000	\$2,752,000	\$1,376,000	\$1,168,000	\$584,000
28	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$122,369,000	\$0	-\$114,116,600	\$0	\$8,252,400
30	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,287,000	\$0	\$4,287,000	\$0	\$0
31	DME CONTRACTING PROJECT SAVINGS	\$0	\$0	-\$1,620,000	-\$810,000	-\$1,620,000	-\$810,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-\$1,748,000	-\$874,000	-\$20,651,000	-\$10,325,500	-\$18,903,000	-\$9,451,500
33	EXPANSION OF NF/AH WAIVER (SB 643)	-\$2,030,000	-\$1,015,000	-\$2,549,000	-\$1,274,500	-\$519,000	-\$259,500
34	ADULT DAY HEALTH CARE REFORMS	-\$23,791,150	-\$11,895,580	-\$33,985,000	-\$16,992,500	-\$10,193,850	-\$5,096,920
35	UNSPECIFIED BUDGET REDUCTION	-\$646,594,000	-\$323,297,000	-\$646,594,000	-\$323,297,000	\$0	\$0
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$39,391,000	-\$19,695,500	-\$258,782,000	-\$129,391,000	-\$219,391,000	-\$109,695,500
	<b>BENEFITS SUBTOTAL</b>	<b>-\$178,559,970</b>	<b>-\$243,788,990</b>	<b>-\$373,331,080</b>	<b>-\$342,678,140</b>	<b>-\$194,771,110</b>	<b>-\$98,889,150</b>
	<b>PHARMACY</b>						
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,022,000	\$986,000	\$99,000	\$99,000	-\$923,000	-\$887,000
37	NON FFP DRUGS	\$0	\$580,500	\$0	\$417,000	\$0	-\$163,500
38	MAXIMUM ALLOWABLE INGREDIENT COST FOR GENE	\$0	\$0	-\$2,000,000	-\$1,000,000	-\$2,000,000	-\$1,000,000
39	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	-\$522,000	-\$261,000	-\$2,088,000	-\$1,044,000	-\$1,566,000	-\$783,000
40	PHARMACY TAR AUTO-ADJUDICATION	-\$589,000	-\$294,500	-\$3,156,000	-\$1,578,000	-\$2,567,000	-\$1,283,500
41	MEDICAL SUPPLY CONTRACTING	-\$4,633,470	-\$2,316,730	-\$5,957,440	-\$2,978,720	-\$1,323,970	-\$661,990
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,609,950	-\$2,304,970	-\$5,200,160	-\$2,600,080	-\$590,210	-\$295,110
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0

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	<b>PHARMACY</b>						
44	ENTERAL NUTRITION PRODUCTS	-\$12,877,650	-\$6,438,830	-\$13,500,000	-\$6,750,000	-\$622,350	-\$311,180
45	AGED DRUG REBATE RESOLUTION	-\$11,000,000	-\$5,500,000	-\$8,000,000	-\$4,000,000	\$3,000,000	\$1,500,000
46	FAMILY PACT DRUG REBATES	-\$42,381,000	-\$24,236,200	-\$43,958,000	-\$25,548,400	-\$1,577,000	-\$1,312,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$21,687,900	-\$44,000,000	-\$21,687,900	\$0	\$0
48	STATE SUPPLEMENTAL DRUG REBATES	-\$314,436,000	-\$156,728,800	-\$350,539,000	-\$174,723,900	-\$36,103,000	-\$17,995,100
49	FEDERAL DRUG REBATE PROGRAM	-\$755,939,000	-\$376,793,100	-\$842,735,000	-\$420,056,300	-\$86,796,000	-\$43,263,200
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,195,966,060</b>	<b>-\$597,995,530</b>	<b>-\$1,327,034,600</b>	<b>-\$664,451,300</b>	<b>-\$131,068,540</b>	<b>-\$66,455,770</b>
	<b>MANAGED CARE</b>						
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$376,886,000	\$190,943,000	\$360,554,000	\$182,777,000	-\$16,332,000	-\$8,166,000
57	MANAGED CARE EXPANSION - SONOMA	\$0	\$0	\$28,429,000	\$14,214,500	\$28,429,000	\$14,214,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,382,000	\$6,191,000	\$17,092,000	\$8,546,000	\$4,710,000	\$2,355,000
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$0	\$0	-\$8,000,000	-\$4,000,000
64	MANAGED CARE EXPANSION - PLACER	\$2,813,000	\$1,406,500	\$590,000	\$295,000	-\$2,223,000	-\$1,111,500
65	MANAGED CARE EXPANSION - SAN LUIS OBISPO	-\$73,355,870	-\$36,677,930	-\$75,568,000	-\$37,784,000	-\$2,212,130	-\$1,106,070
67	HEALTH INSURANCE ORGANIZATION	\$0	\$0	\$50,706,000	\$25,353,000	\$50,706,000	\$25,353,000
68	MANAGED CARE EXPANSION - MERCED	\$0	\$0	\$32,167,000	\$16,083,500	\$32,167,000	\$16,083,500
69	ADDITION OF LTC AND CHDP TO THE HPSM	\$0	\$0	\$13,189,000	\$6,594,500	\$13,189,000	\$6,594,500
70	AIDS HEALTHCARE CENTERS (FULL RISK)	-\$1,143,000	-\$571,500	-\$5,083,000	-\$2,541,500	-\$3,940,000	-\$1,970,000
71	WORKING DISABLED IN MANAGED CARE	\$0	\$0	\$569,000	\$284,500	\$569,000	\$284,500
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
159	QIF SUNSET FOR MANAGED CARE	\$0	\$0	-\$171,992,000	-\$85,996,000	-\$171,992,000	-\$85,996,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$325,582,130</b>	<b>\$165,291,070</b>	<b>\$250,653,000</b>	<b>\$127,826,500</b>	<b>-\$74,929,130</b>	<b>-\$37,464,570</b>
	<b>PROVIDER RATES</b>						
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$335,307,000	\$172,263,000	\$0	\$0	-\$335,307,000	-\$172,263,000
74	NF-B RATE CHANGES AND QA FEE	\$162,451,210	\$81,225,600	\$365,637,590	\$182,818,800	\$203,186,380	\$101,593,190

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	<b>PROVIDER RATES</b>						
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$74,183,000	\$37,091,500	\$0	\$0
76	LTC RATE ADJUSTMENT	\$55,434,780	\$27,717,390	\$115,346,180	\$57,673,090	\$59,911,400	\$29,955,700
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$39,776,790	\$19,888,390	\$42,734,160	\$21,367,080	\$2,957,370	\$1,478,680
78	FAMILY PLANNING RATE INCREASE	\$33,685,000	\$16,842,500	\$33,685,000	\$16,842,500	\$0	\$0
79	HOSPICE RATE INCREASES	\$16,222,360	\$8,111,180	\$17,438,140	\$8,719,070	\$1,215,780	\$607,890
80	MIRENA IUC REIMBURSEMENT	\$1,081,600	\$405,440	\$1,352,000	\$479,200	\$270,400	\$73,760
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$22,604,900	-\$11,302,450	-\$43,418,930	-\$21,709,460	-\$20,814,020	-\$10,407,010
83	REDUCTION TO NON-CONTRACT HOSPITALS	-\$29,614,000	-\$14,807,000	-\$23,731,000	-\$11,865,500	\$5,883,000	\$2,941,500
84	REDUCTION TO LTC PROVIDER PAYMENTS	-\$87,730,000	-\$43,865,000	-\$40,303,000	-\$20,151,500	\$47,427,000	\$23,713,500
86	REDUCTION TO PROVIDER PAYMENTS	-\$518,200,000	-\$268,784,000	-\$22,615,000	-\$11,481,500	\$495,585,000	\$257,302,500
158	FQHC ADHC REIMBURSEMENT METHODOLOGY	\$0	\$0	-\$5,169,020	-\$2,584,510	-\$5,169,020	-\$2,584,510
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$59,992,830</b>	<b>\$24,786,560</b>	<b>\$515,139,120</b>	<b>\$257,198,760</b>	<b>\$455,146,290</b>	<b>\$232,412,210</b>
	<b>HOSPITAL FINANCING</b>						
87	HOSP FINANCING - DSH PMT	\$1,564,298,000	\$483,798,000	\$1,621,250,000	\$507,990,000	\$56,952,000	\$24,192,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$483,816,000	\$241,908,000	\$503,464,000	\$251,732,000	\$19,648,000	\$9,824,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$469,794,000	\$0	\$434,021,000	\$0	-\$35,773,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI	\$315,000,000	\$0	\$180,000,000	\$0	-\$135,000,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$245,336,000	\$122,668,000	\$245,336,000	\$122,668,000	\$0	\$0
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$191,200,000	\$0	\$77,625,000	\$0	-\$113,575,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$179,371,000	\$0	\$100,000,000	\$0	-\$79,371,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$167,949,000	\$83,974,500	\$43,500,000	\$21,750,000	-\$124,449,000	-\$62,224,500
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$47,383,000	\$23,691,500	\$51,009,000	\$25,504,500	\$3,626,000	\$1,813,000
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$46,690,000	\$23,345,000	\$30,026,000	\$15,013,000	-\$16,664,000	-\$8,332,000
97	HOSP FINANCING - CCS AND GHPP	\$39,000,000	\$0	\$40,000,000	\$0	\$1,000,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$31,000,000	\$0	\$31,000,000	\$0	\$0	\$0

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	<b><u>HOSPITAL FINANCING</u></b>						
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$0	\$0
100	HOSP FINANCING - MIA LTC	\$0	-\$21,450,000	\$0	-\$20,675,000	\$0	\$775,000
101	HOSP FINANCING - BCCTP	\$0	-\$2,000,000	\$0	-\$1,000,000	\$0	\$1,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$433,922,000	\$0	-\$489,626,000	\$0	-\$55,704,000
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	\$0	-\$6,943,000	-\$6,943,000	-\$6,943,000	-\$6,943,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,784,637,000</b>	<b>\$523,913,000</b>	<b>\$3,354,088,000</b>	<b>\$428,313,500</b>	<b>-\$430,549,000</b>	<b>-\$95,599,500</b>
	<b><u>SUPPLEMENTAL PMNTS.</u></b>						
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,000,000	\$0	\$195,000,000	\$0	\$16,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$168,761,000	\$83,805,500	\$107,558,000	\$51,604,000	-\$61,203,000	-\$32,201,500
105	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$130,000,000	\$0	\$68,150,000	\$0	-\$61,850,000	\$0
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
107	FFP FOR LOCAL TRAUMA CENTERS	\$52,330,000	\$26,165,000	\$59,730,000	\$29,865,000	\$7,400,000	\$3,700,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,400,000	\$0	\$52,400,000	\$0	\$3,000,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$697,491,000</b>	<b>\$168,970,500</b>	<b>\$600,838,000</b>	<b>\$140,469,000</b>	<b>-\$96,653,000</b>	<b>-\$28,501,500</b>
	<b><u>OTHER</u></b>						
119	RECONCILIATION WITH BUDGET ACT-OTHER DEPARTM	\$111,251,000	\$0	\$111,251,000	\$0	\$0	\$0
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$79,508,000	\$0	\$44,000,000	\$0	-\$35,508,000	\$0
124	HEALTHY FAMILIES - CDMH	\$25,397,000	\$0	\$28,434,000	\$0	\$3,037,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$8,728,000	\$8,359,000	\$8,359,000	-\$369,000	-\$369,000
128	DENTAL RETROACTIVE RATE CHANGES	\$7,168,000	\$3,584,000	\$0	\$0	-\$7,168,000	-\$3,584,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$6,101,000	\$3,050,500	\$11,101,000	\$5,550,500	\$5,000,000	\$2,500,000
131	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,726,000	\$0	\$4,617,000	\$0	\$891,000	\$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0

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	<b>OTHER</b>						
136	ESTATE RECOVERY MEDICARE PREMIUMS	\$0	\$0	\$2,092,000	\$1,046,000	\$2,092,000	\$1,046,000
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$250,000	\$0	\$0	\$0	-\$250,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$33,723,000	\$0	\$2,400,000	\$0	-\$31,323,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0	\$0	\$0	\$0
141	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$56,000,000	\$0	\$56,000,000	\$0	\$0
142	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
143	INDIAN HEALTH SERVICES	\$0	-\$9,000,000	\$0	-\$10,500,000	\$0	-\$1,500,000
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	\$0	\$0	-\$39,026,520	-\$19,513,260	-\$39,026,520	-\$19,513,260
146	EDS COST CONTAINMENT PROJECTS	-\$113,620	-\$56,810	-\$281,660	-\$140,830	-\$168,040	-\$84,020
147	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$2,000,000	-\$1,000,000	\$0	\$0	\$2,000,000	\$1,000,000
148	MEDICAL SUPPORT ENHANCEMENTS	-\$1,956,480	-\$978,240	-\$2,038,000	-\$1,019,000	-\$81,520	-\$40,760
151	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$90,699,800	-\$45,349,900	-\$92,835,000	-\$46,417,500	-\$2,135,210	-\$1,067,600
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$39,165,650	-\$19,582,820	-\$94,950,720	-\$47,475,360	-\$55,785,070	-\$27,892,540
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$45,854,000	-\$45,854,000	-\$69,852,000	-\$69,852,000	-\$23,998,000	-\$23,998,000
156	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$513,674,000	-\$243,825,000	\$0	\$0	\$513,674,000	\$243,825,000
157	DELAY CHECKWRITE JUNE 2009 TO JULY 2009	-\$368,000,000	-\$184,000,000	\$0	\$0	\$368,000,000	\$184,000,000
170	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	-\$171,076,000	-\$85,538,000	\$171,076,000	\$85,538,000	\$342,152,000	\$171,076,000
	<b>OTHER SUBTOTAL</b>	<b>-\$989,660,540</b>	<b>-\$516,849,270</b>	<b>\$82,946,100</b>	<b>-\$23,024,450</b>	<b>\$1,072,606,640</b>	<b>\$493,824,820</b>
	<b>GRAND TOTAL</b>	<b>\$3,162,422,900</b>	<b>-\$160,587,810</b>	<b>\$3,078,146,910</b>	<b>-\$189,146,650</b>	<b>-\$84,275,980</b>	<b>-\$28,558,830</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.